

JAN 05 2007 14:20 FR KIMBERLY-CLARK

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Laura L. Rubino

(Depositor's name)

Laura L. Rubino

(Signature)

January 5, 2007

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/716,767	11/19/2003	Robert Allen Janssen	19.393	6181

TITLE OF INVENTION: GLOVE WITH MEDICATED POROUS BEADS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	01/16/2007
				01/05/2007	TBESMAH2 000000097 110875	10716767
EXAMINER	ART UNIT	CLASS-SUBCLASS				
BRUENJES, CHRISTOPHER P	1772	428-035700		01 FC:1501 02 FC:1504	1400.00 DA 300.00 DA	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).				2. For printing on the patent front page, list:	3.00 DA	
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/123) attached.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,		1. Vincent T. Kung
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47: Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		2. Scott B. Garrison
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)				3.		

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

KIMBERLY-CLARK WORLDWIDE, INC.

NEENAH, WI USA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

4b. Payment of Fee(s): (Please first resupply any previously paid issue fee shown above)

 A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-0575 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Vincent T. Kung

Date January 5, 2007

Typed or printed name

Vincent T. Kung

Registration No. 45,797

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